

Medicare Advantage (Part C)

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are health plans offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan provides all your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage.

Medicare Advantage plans always cover emergency and urgent care. Medicare Advantage Plans must cover all the services that Original Medicare covers, except hospice care. (Original Medicare covers hospice care even if you're in a Medicare Advantage Plan.)

Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most plans also include Medicare prescription drug coverage.

Medicare Advantage Plans must follow rules set by Medicare. However, each plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan).

You usually pay one monthly premium to the Medicare Advantage plan, in addition to your Part B premium.

Different Types of Medicare Advantage Plans

- Health Maintenance Organization (HMO) Plans
- Preferred Provider Organization (PPO) Plans
- Private Fee-for-Service (PFFS) Plans
- Medical Savings Account (MSA) Plans
- Special Needs Plans (SNP)

Other less common types of Medicare Advantage Plans include:

- Point of Service (POS) Plans—Similar to HMOs, but you may be able to get some services out-of-network for a higher cost.
- Provider Sponsored Organizations (PSOs)—Plans run by a provider or group of providers. In a PSO, you usually get your health care from the providers who are part of the plan.

What You Pay in a Medicare Advantage Plan

Your out-of-pocket costs in a Medicare Advantage Plan depend on:

- Whether the plan charges a monthly premium in addition to your Part B premium.
- Whether the plan pays any of the monthly Part B premium. Some plans offer this option, usually for an extra cost.

- Whether the plan has a yearly deductible or any additional deductibles.
- How much you pay for each visit or service (copayments).
- The type of health care services you need and how often you get them.
- Whether you follow the plan's rules, like using network providers.
- Whether you need extra coverage and what the plan charges for it.
- Whether the plan has a yearly limit on your out-of-pocket costs for all medical services.

How to Join a Medicare Advantage Plan

Not all Medicare Advantage Plans work the same way, so before you join, find out the plan's rules, what your costs will be, and whether the plan will meet your needs.

Contact the specific plans you're interested in to get more information about their benefits and costs. Once you choose a plan, you may be able to join by completing a paper application, calling the plan, enrolling on the plan's Web site. Get started comparing Medicare Advantage plans in your area.

- [Compare Medicare Health Plans in Your Area](#)

More about Medicare Advantage Plans

- As with Original Medicare, you still have Medicare rights and protections, including the right to appeal.
- Check with the plan before you get a service to find out whether they will cover the service and what your costs may be.
- You must follow plan rules, like getting a referral to see a specialist or getting prior approval for certain procedures to avoid higher costs. Check with the plan.
- You can join a Medicare Advantage Plan even if you have a pre existing condition, except for End-Stage Renal Disease.
- You can only join a plan at certain times during the year. In most cases, you're enrolled in a plan for a year.
- If you go to a doctor, facility, or supplier that doesn't belong to the plan, your services may not be covered, or your costs could be higher, depending on the type of Medicare Advantage Plan.
- If the plan decides to stop participating in Medicare, you'll have to join another Medicare health plan or return to Original Medicare.